



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

JAN 18 2007

TELEPHONE: (312) 775-8000
FACSIMILE: (312) 775-8100

ABO PLEASE DELIVER RETURN RECEIPT TO Natalie L. Kurowski

Certificate of Transmission under 37 CFR 1.8

~~CONFIDENTIAL~~

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Examiner Warner Wong
U.S. Patent and Trademark Office

FROM: John A. Wiberg USER ID: 8058

DATE: January 18, 2007

FAX NO.: (571) 273-8300

CLIENT: 01772

MATTER: 13297US01

Number of Pages This Transmission (Including Cover Page): 17

Message:

I hereby certify that the attached correspondence is being sent via facsimile transmission to the U.S. Patent and Trademark Office on January 18, 2007.

John A. Wiberg
Reg. No. 44,401

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

FROM McANDREWS, HELD, & MALLOY

RECEIVED
CENTRAL FAX CENTER

PTO/SB/21 (07-06)

JAN 18 2007

Approved for use through 09/30/2006
U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE

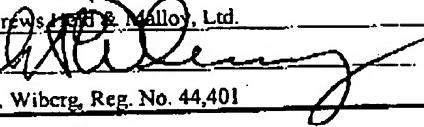
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	10/077,405
		Filing Date	February 15, 2002
		First Named Inventor	Wilfrid LeBlanc
		Art Unit	2816
		Examiner Name	Warner Wong
Total Number of Pages in This Submission	16	Attorney Docket Number	13297US01

ENCLOSURES (check all that apply)

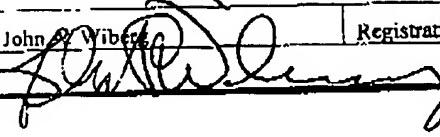
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews, Held & Malloy, Ltd.		
Signature			
Printed Name	John A. Wiberg, Reg. No. 44,401		
Date	January 18, 2007		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office at (571) 273-8300.

Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)	44,401
Signature			
	Date	January 18, 2007	

FROM McANDREWS, HELD, & MALLOY

(THU) 1. 18' 07 20:38/ST. 20:38/NO. 4861050810 P

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

3

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Complete if Known	
Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriates Act, 2005 (H.R. 4818).		Application Number	10/077,405
Fee TRANSMITTAL for FY 2006		Filing Date	February 15, 2002
		First Named Inventor	Wilm LeBlanc
		Examiner Name	Warner Wong
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2816
TOTAL AMOUNT OF PAYMENT (\$) <u>450</u>		Attorney Docket No.	13297US01

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below | <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) | <input checked="" type="checkbox"/> Credit any overpayments |
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

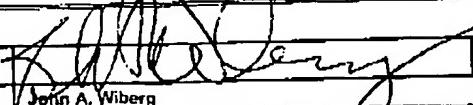
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for two month extension of time

450

SUBMITTED BY		Registration No. (Attorney/Agent)	44,401	Telephone	(312)775-8000
Signature				Date	January 18, 2007
Name (print/type)	John A. Wiberg				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.